

AIDS Drug Assistance Program

Federally funded AIDS Drug Assistance Programs (ADAPs) provide HIV-related prescription drugs to low-income persons living with HIV disease who have limited or no prescription drug coverage. Program funds can also be used to purchase health insurance that will enhance access to, adherence to and monitoring of drug treatments (HRSA, 2015). ADAPs began serving clients in 1987, when Congress first appropriated funds to help states purchase the only approved antiretroviral drug at that time, AZT. In 1990, ADAP was incorporated into the Ryan White Program (The Henry J. Kaiser Family Foundation, 2014).

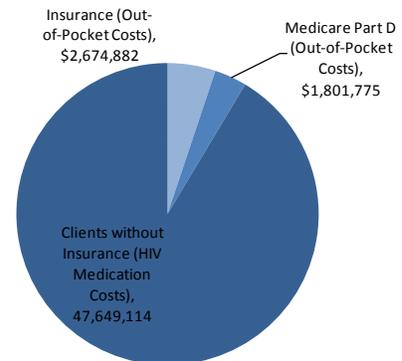
Funding for ADAP is currently provided under Part B of the Ryan White HIV/AIDS Program (HRSA, 2015). All 50 States, the District of Columbia, as well as U.S. Territories or Associated Jurisdictions are eligible for funding. Since Fiscal Year (FY) 1996, Congress has earmarked a portion of a jurisdiction's Part B funds for ADAP using a formula based on the reported number of persons living with HIV disease (PLWHA) in the most recent calendar year (HRSA, 2015). Nationally, more than 210,000 persons were enrolled in an ADAP program in FY 2013 and ADAP programs served approximately one-third of PLWHA estimated to be receiving care (The Henry J. Kaiser Family Foundation, 2014).

Illinois ADAP

In Calendar Year (CY) 2013, an average of 7,464 clients were enrolled in Illinois's ADAP program and, the program served an average of 4,486 clients monthly. The total number of ADAP clients served in CY 2013 was 8,203 - a mix of direct purchase, insurance, and Medicare Part D clients.

In CY 2013, total ADAP expenses for HIV medications were almost \$46 million and dispensing fees were over \$1.6 million. Total expenses for insurance costs (excluding Medicare Part D) for CY 2013 were \$2.7 million. Medicare Part D costs were \$1.8 million.

Figure 1. AIDS Drug Assistance Program Costs, Illinois, 2013

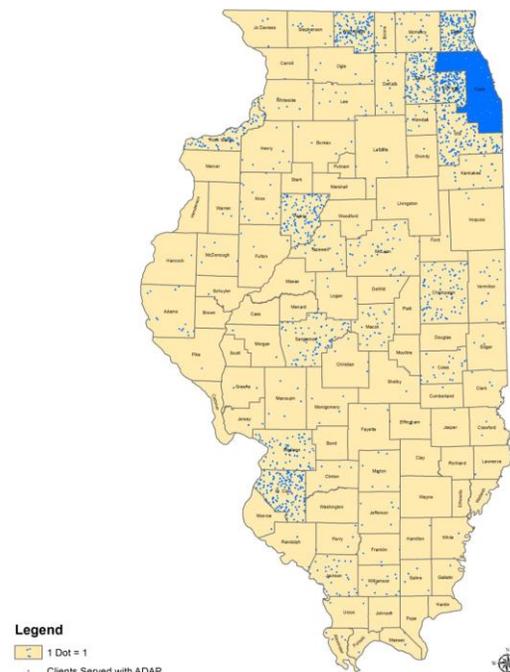


Source: Illinois Department of Public Health, 2014

Geography

The majority of ADAP clients served in CY 2013 resided within Cook County. Seventy-eight percent of all PLWHA in Illinois resided in Cook County at the end of 2013 (see section, "Overview of HIV/AIDS in Illinois").

Figure 2. Clients Served by the AIDS Drug Assistance Program, Illinois, 2013

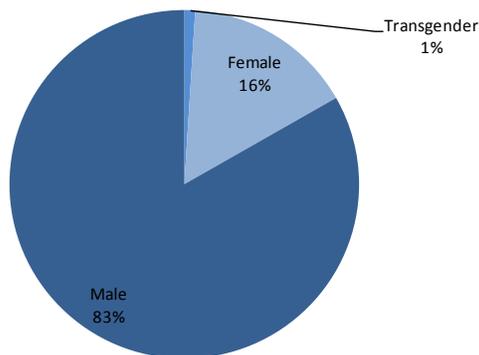


Note: Distribution of dots is random within the county
Source: Illinois Department of Public Health, 2014

Sex

Reflecting the epidemic in Illinois, the majority of ADAP clients in CY 2013 were male (83%). Slightly more than 1% of ADAP clients identified as transgender - either female to male (n=6) or male to female (n=87) (see section, “Transgender”).

Figure 3. ADAP Clients Served by Sex/Gender, Illinois, 2013

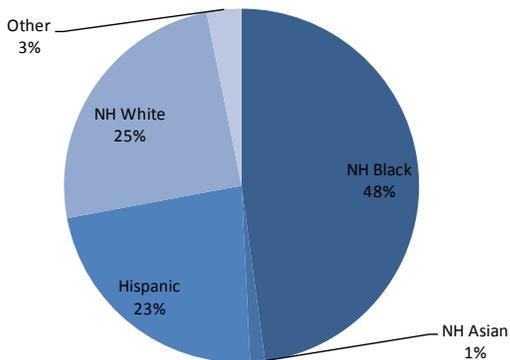


Source: Illinois Department of Public Health, 2014

Race/Ethnicity

Almost half of Illinois ADAP clients in CY 2013 were non-Hispanic (NH) black with NH whites and Hispanics accounting for almost 25% of clients each.

Figure 4. ADAP Clients Served by Race/Ethnicity, Illinois, 2013



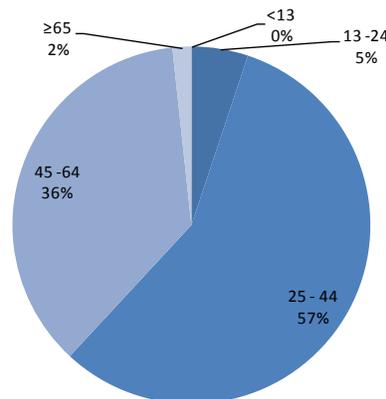
Source: Illinois Department of Public Health, 2014

Age

The majority of Illinois ADAP clients served in CY 2013 were 25–44 years of age. Persons living with HIV <13 years of age or ≥65 years accounted for a low proportion of ADAP clients. This is partially demographic (not many PLWHA in these age groups), as well as eligibility for health insurance coverage, and access to medication through other government programs such as Medicaid and

Medicare (Health Resources and Services Administration, 1998).

Figure 5. ADAP Clients Served by Age, Illinois, 2013



Source: Illinois Department of Public Health, 2014

REFERENCES

Health Resources and Services Administration (HRSA). (2015). Part B: AIDS Drug Assistance Program. Retrieved February 9, 2015, from <http://hab.hrsa.gov/abouthab/partbdrug.html>

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